



Iowa Department of Human Services

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Director

INFORMATIONAL LETTER NO.1516

DATE: June 11, 2015

TO: Iowa Medicaid Hospice Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Added Requirements for Billing Hospice Claims

EFFECTIVE: July 1, 2015

Effective for dates of service beginning July 1, 2015, and thereafter, the following information must be included on each hospice claim submitted to the IME:

- Begin date of the applicable hospice election period
- Occurrence Code 27

In accordance with 42 CFR 418.21 and 22, Hospice election periods are identified, in accordance with member needs, as (1) An initial 90-day period; (2) A subsequent 90-day period; (3) Subsequent 60-day period(s).

The additional claim requirements will apply to all hospice services billed to the IME for the following revenue codes:

- 651 - Routine Home Care
- 652 - Continuous Home Care
- 655 - Inpatient Respite Care
- 656 - General Inpatient Care
- 657 - Direct Physician Care
- 658 – Nursing facility daily rate (95%)

The hospice claim will deny if:

- The begin date of the applicable hospice election period is missing.
- The date of service billed is not within the election period.
- The Occurrence Code 27 is not present on the claim.

If the hospice claim is denied, the 837 Electronic Remit will post a M46 and/or 16 Explanation of Benefit (EOB). The IME-specific 345 EOB code will be posted on the remittance advice available on the [Iowa Medicaid Portal Access](https://secureapp.dhs.state.ia.us/impd/(S(5mact2przk2mbmjzevfclto))/Default.aspx)¹ (IMPA) system. For further billing instructions please refer to the [UB-04 Claim Form Instructions](https://dhs.iowa.gov/sites/default/files/UB-04_ClaimFormInstructions.pdf)² and the [Hospice Provider Manual](http://dhs.iowa.gov/sites/default/files/Hospice.pdf)³.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.

¹ [https://secureapp.dhs.state.ia.us/impd/\(S\(5mact2przk2mbmjzevfclto\)\)/Default.aspx](https://secureapp.dhs.state.ia.us/impd/(S(5mact2przk2mbmjzevfclto))/Default.aspx)

² https://dhs.iowa.gov/sites/default/files/UB-04_ClaimFormInstructions.pdf

³ <http://dhs.iowa.gov/sites/default/files/Hospice.pdf>